

CLAIMS ONLY	Application Number	Filing Date
	Applicant(s)	

Filing Date

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7		1				
8		1				
9		1				
10		1				
11		1				
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48						
49						
50						
Total Indep	7					
Total Depend	9					
Total Claims	16					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						